## **COMBINED DECLARATION FOR PATENT** APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Attorney's Docket Number

U.S. Application No. (if known)

H0004825-1050

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BEARING PRESSURE BALANCE APPARATUS								
the speci	fication of which							
	is attached hereto			• .				
	OR			•				
	was filed as United States	Application Number or PCT Internationa	l Application Number		entor's , listed ring a filing			
	on							
	and was amended	·						
	on	(if applicable)		• ,	·			
amendm I acknow	ent referred to above.  ledge the duty to disclose inform	inderstand the contents of the above-ider						
Regulation	ons, §1.56.	•						
l hereby	claim the benefit under Title 35,	United States, §119 (e) of any United Sta	ates provisional application(s) listed belo	ow.				
(4 1' 1	60/435,327		ber 19, 2002	_				
(Applicat	ion Number)	(Filing Date)	•	•				
(Applicat	ion Number)	(Filing Date)		_				
certificate below an	e or §365 (a) of any PCT interna	der Title 35, United States Code, §119 (a tional application(s) which designated at a foreign application(s) for patent or invenshich priority is claimed:	least one country other than the United	States of America.	. listed			
PRIOR F	OREIGN/PCT APPLICATION(S	) AND ANY PRIORITY CLAIMS UNDER	35 U.S.C. 119:					
COUNTRY (if PCT, indicate "PCT")		APPLICATION NUMBER	DATE OF FILING (day, month, year)		PRIORITY CLAIMED UNDER 35 USC 119			
		•		□YES	□NO			
	*			□YES	□NO			
				☐YES	□ио			
				· 🗆 YES	□ио			
				□YES	□ио			
				□YES	□NO			

## Combined Declaration For Patent Application and Power of Attorney (Continued)

(Includes Reference to PCT International Applications)

RESIDENCE & CITIZENSHIP

POST OFFICE

DATE

POST OFFICE ADDRESS

Attorney's Docket Number

STATE & ZIP CODE/COUNTRY

DATE

H0004825-1050

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365 of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

		U.S. APPLICATION	STATUS (Check one)				
U.S. APPLICATION NUMBER		MBER	U.S. FILING DATE		PENDING	ABANDONE	
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		PCT APPLICATIONS DESIGNA	TING THE U.S.				
PCT APPLICATION NO.		O. PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)				
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trans 38,430 all atto counse James	sact all business of Larry Palguta, Reg. omeys with Honeywell el, associate and empl s F. Harvey, Reg. No. 3	in the Patent and Trademark Offi No. 29,575; Keith A. Newburry, Reg No. 38 International Inc., Law Dept. AB2, P.O. Box lovee of Shimokaii I Fritz LLP, who is a region	y appoint the following attorney(s) and/ ce connected therewith. (List name and ,980; Roger H. Criss, Reg. No. 25,570; William J. Z. 2245, Morristown, NJ 07962-9806 and Michael A. S stered Patent Attorney or Agent, including Jerry Hay deric Douglas, Reg. No. 48,813; Barbara Gibbs, Reg.	<i>registration numbe</i> ak, Jr., Reg. No. 38,668 Shimokaji, Reg. No. 32, mes. Reg. No. 42,646	er); Robert Desmon B, and Oral Caglar, 303 and each princ David J. Robeson	id, Reg. No. Reg. No. 44,577 cipal, attorney of Reg. No. 38,598	
lone aw l	I Correspondence eywell Internationa Dept. AB2 Box 2245 stown, NJ 07962-	I, Inc.	(name an	Direct Telephone Calls to: (name and telephone number)  Oral Caglar (310) 512-4886			
2	FULL NAME OF	FAMILY NAME  Cardenas	FIRST GIVEN NAME	SECOND G	SECOND GIVEN NAME		
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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND G	SECOND GIVEN NAME		
`		CITY	STATE OR FOREIGN COUNTRY	COUNTRY	OF CITIZENSHIP		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 203

CITY